



PART B - FEE(S) TRANSMITTAL

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7590

04/19/2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO. 10/531,300	FILING DATE 04/14/2005	FIRST-NAMED INVENTOR Joel Bigman	ATTORNEY DOCKET NO. 29282	CONFIRMATION NO. 7871
TITLE OF INVENTION: ELECTROCHEMICALLY CONTROLLED OPTICAL DEVICES				

APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE FEE DUE \$700	PUBLICATION FEE DUE \$300	PREV. PAID ISSUE FEE \$0	TOTAL FEE(S) DUE \$1000	DATE DUE 07/19/2007
EXAMINER CHOI, WILLIAM C	ART UNIT 2873	CLASS-SUBCLASS 359-269000	01 FC:2501 700.00 DA 02 FC:1504 300.00 DA			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.71. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(d)(2).

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Authorized Signature Martin D. Moynihan

Date July 19, 2007

Typed or printed name Martin D. Moynihan

Registration No. 40,338

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